| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  O9/857, 402   |   |   |              |                                   |                      |                  |                   |                 |          |                        |           |                     |                        |
|---|---|---|--------------|-----------------------------------|----------------------|------------------|-------------------|-----------------|----------|------------------------|-----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                                   |                      |                  |                   | SMALL<br>TYPE   | EN       | ITITY                  | OR        | OTHER<br>SMALL I    |                        |
| TOTAL CLAIMS  |   |   |              |                                   |                      |                  |                   | RATE            | E        | FEE                    | ] [       | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED |                                   | NUMBER EXTRA         |                  |                   | BASIC F         | FEE      | 385.00                 | OR        | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=    |                                   | *                    |                  |                   | X\$ 9=          |          |                        | OR        | X\$18=              |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |                                   | *                    |                  |                   | X43=            |          |                        | OR        | X86=                | ·                      |
| MULTIPLE DEPENDENT CLAIM P  |   |   | RESENT       |                                   |                      |                  |                   | +145            |          |                        | OR        | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |   |   |              |                                   |                      |                  |                   | TOTAL           |          | OR<br>OR               | TOTAL     |                     |                        |
| CLAIMS AS AMENDED - PART II   |   |   |              |                                   |                      |                  |                   |                 | 1        |                        |           | OTHER               |                        |
| _/(   | 1/1/O   | (Column 1)                                |              |                                   |                      | (Column 3)       | ) .<br>7 <b>r</b> | SMALL           |          |                        | OR<br>1 [ | SMALL               |                        |
| 2   | ,   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY         | PRESENT<br>EXTRA |                   | RATE            | E        | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | .15                                       | Minus        | #)r                               | 2                    | = /              | ]                 | X\$ 9:          | =        | •                      | OR        | X\$18=              |                        |
|   | Independent   | ÷ 3                                       | Minus        | <i>3</i>                          |                      | /                |                   | X43=            | =        |                        | OR        | X86=                |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                   |                      |                  |                   | +145:           |          |                        | OR        | +290=               |                        |
|   |   |   |              |                                   |                      |                  |                   | TOT             |          |                        |           | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |              | (Colum                            | nn 2)                | (Column 3)       |                   | addit. F        | <b>[</b> |                        |           |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,            | HIGH<br>NUMI<br>PREVIO<br>PAID    | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE            | Ξ        | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                                |                      | =                | <u> </u>          | X\$ 9:          | =        | •                      | OR        | X\$18=              | `                      |
|   |   | *   | Minus        | ***                               |                      | = .              | 4                 | X43=            | =        |                        | OR        | X86=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                   |                      |                  |                   |                 | _        |                        | OR        | +290=               |                        |
|   |   |   |              |                                   |                      |                  |                   | TOT<br>ADDIT. F | ΓAL      |                        | ا         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |              |                                   |                      |                  |                   |                 | cc į     |                        |           | novii. I CE         | · ·                    |
| AMENDMENT C   |   | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUMI<br>PREVIO<br>PAID    | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE            | =        | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus        | **                                |                      | =                | ] [               | X\$ 9:          | =        |                        | OR        | X\$18=              |                        |
|   | Independent   | *   | Minus        | ***                               |                      | =                | ┧┃                | X43=            | =        |                        | OR        | X86=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                   |                      |                  |                   | +145:           | _        |                        | OR        | +290=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |              |                                   |                      |                  |                   |                 |          |                        |           | TOTAL               |                        |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                                   |                      |                  |                   |                 |          |                        |           |                     |                        |
|   | THE HIGHEST MUII  | nesi i teriousiy Fa                       | (1018) 0     | aopena                            | , 10 ulk             |                  |                   |                 |          |                        |           |                     |                        |

Application or Docket Number